

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">12/005,642</div>	FILING DATE				
						APPLICANT(S)					
<div style="font-size: 1.2em; font-family: cursive;">1-30-04 11-26-04</div>						CLAIMS					
AD-PRIM-		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		2		0		2		0		0	
TOTAL DEP.		9		0		3		0		0	
TOTAL CLAIMS		11		0		5		0		0	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

FORM PTO-875 (REV. 3-76)

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